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							(Zrimemae)
				APRIL 28, 2009			(Dale)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO		ATTORNEY DOCKET NO		CONTRMATION NO
10656.630 09/05/2003 Dayid J Parins 1001 1674101 8129 TITLE OF INVENTION: MEDICAL DEVICE COIL							
APPLN TYPŁ	SMALL ENTITY	ussije स्ट्राट Dije	PUBLICATION FEE D	LE PREV PAID (SSU	TE PREE	TOTAL FEE(S) DUL	DATE DUE
remprovisional	ND	\$1510	\$300	\$0		\$1810	04/29/2009
EXAM	EXAMINER		CLASS-SUBCLASS	·			
HOEKSTRA, JEF	TREY GLRBIEN	3736	600-585000				
"Fee Address" indi	ence address or indication ondence address (or Cha V122) attached. scation (or "Fee Address 2 or more recent) attach	2 For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorneys or agent) and the names of up to 2 registered patent attorneys or agent). If no name is listed, no name will be printed.					
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Please check the appropri	ate assignee category or	categories (will not be pri	inted on the patent)	☐ ladividual C	orporatur	our other private grou	apentity Government
4a The following (ec(s) are submitted 4b Itsue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies ONE (1) 5 Change in Entity States (from status indicated above)			Depriment of Fec(s) (Flease first reapply any previously paid issue for shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Darector is hereby authorized to charge the required fec(s), any deficiency, or credit any overpayment, to Deposit Account Number				
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